

Community Residential Programming for Female Offenders and Their Children

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Why the heightened interest in female offenders during the past 10 years? Consider these statistics—

- Since 1990, the number of women inmates has grown at an average rate of 8.5 percent and has increased 92 percent.¹
- Nearly one-third of women serving time in state prisons report that they committed their offense to get money to buy drugs.²
- More than half the women in prison report committing their offense under the influence of drugs or alcohol.³
- Nearly 6 in 10 women in state prison report having experienced physical or sexual abuse in the past.⁴
- The typical female offender comes from a single parent home in which other family members have been incarcerated.⁵
- Approximately 75 percent of incarcerated women are mothers, and two-thirds have children under the age of 18. Seventy-two (72) percent of women prisoners with children under the age of 18 lived with those children before entering prison.⁶
- More than half of children with incarcerated mothers are living with their grandparents.⁷

Why Community Residential Treatment?

In recent years, the growing number of women being incarcerated in the U.S., the multiple needs of female offenders, and their intergenerational cycle of crime have led criminal justice professionals to become more interested in community residential treatment for female offenders, and often, for their children.

During the 1970s and 1980s, the U.S. began seeing an increase in specialized residential community corrections and substance abuse programs for female offenders. Professionals in criminal justice believed that female offenders could be placed in the community as an alternative to incarceration because the majority of these offenders had been convicted of non-violent offenses. Nationally, there are now over 65 residential treatment programs for women and their children funded by the U.S. Department of Health and Human Services and administered by the Center for Substance Abuse Treatment (CSAT).⁸ These programs include therapeutic communities that have been adapted to address the roles of mothers and the involvement of children. Nationally, another 60 or so programs serve as alternatives to prison and half-

way houses for female offenders, and some of these also house and provide services for the offender's children. Most of these programs are administered by non-profit organizations and funded by a mix of state, federal, private foundation, and community sources.

A study conducted by Austin et al. (1992, p. 22) of innovative strategies and programs for female offenders in the community concluded that the best programs “combined supervision and services to address the specialized needs of female offenders in highly structured, safe environments where accountability is stressed.”⁹ Because there has been limited evaluation of residential programs for female offenders, these programs have often provided the same or similar services they make available to male offenders. However, results of the limited evaluation of successful programs for female offenders now suggest that the specialized needs of female offenders must be addressed.

Which Offenders Should be in Residential Settings?

As services continue to grow within the community for women offenders and their children, professionals must also consider when residential placement is appropriate placement. Based on my experience in working with residential community corrections programs for women, I believe that we must reserve these more expensive strategies for women with multiple offenses and convictions and for those with co-occurring disorders. If residential programs focus on female offenders with long-term substance abuse problems and those who have been convicted of a second or third felony, they can offer more intensive services to higher-risk offenders with multiple needs.

If services are also being provided to the children of these offenders, they are likely to be high-risk children in need of comprehensive, developmentally appropriate screenings and services. Children of women offenders have often lived in a dysfunctional system with limited supervision, especially if their mothers have abused substances. The child has often taken on adult responsibilities and has difficulty relinquishing that role. At the same time the mother is learning effective parenting skills in the residential setting, her children are often involved in play therapy, family therapy, substance abuse prevention sessions, and medical treatment and prevention.

Key Points for Developing Residential Programs

When developing a residential environment for female offenders, it would be wise for the program implementer to consider the following issues.

- Existing research—Although the research in this area is still limited, it is helpful to review existing research to learn about best practices before beginning a program for female offenders.
- Need—It is important to document the needs of female offenders and their children in your jurisdiction.
- Program selection—Nationally, female offender programs often begin with one program type (i.e., a halfway house) and then expand to include alternatives to incarceration and substance abuse treatment facilities. The type of program selected determines the level of staffing and programming needed.

- **Site selection**—As more communities react negatively to the siting of residential offender programs in their neighborhoods, program implementers must be creative in their choice of locations. If children are to be served, this has an implication in choosing the size and location of the home. The site's location must be safe and comfortable for the residents and staff as well as accessible to transportation, schools, and human services. Most sites for mothers and children serve 6 to 10 families. Multi-unit sites provide the opportunity to serve entire families so that it is not necessary to limit the age and/or the number of children served. Although multi-unit sites are often preferred, they can be expensive.
- **Staffing**—The staff must reflect the population served. Most should therefore be women, although some programs have found it effective to include men as service providers during the day to offer positive role models. Staff should represent the same cultural and racial characteristics as the residents. They should also include rehabilitated offenders and, once the program has been in operation for several years, previous program participants. All staff must be sensitive, caring professionals who are offered on-going training and education opportunities. If children are to be served, the staff should also include child development specialists who have had experience working with high-risk children.
- **Assessment and treatment plans**—Completing individualized assessments and planning treatment goals are arduous tasks, but they are essential to ensuring the success of rehabilitative efforts for female offenders.¹⁰ A standardized instrument may be used for risk and needs assessment, although there is considerable controversy in the field about this, as few of these tools have been normed on female offenders. Although such instruments rely on objective measures and variables, caution should be used in terms of their predictive value with females. Nevertheless, such instruments provide a baseline for exploring key variables linked with positive outcomes in offender populations. If a standardized instrument is used, it can also be adapted to include issues relevant to female offenders, such as abuse and parental responsibilities. An assessment should include demographic information, criminal history, medical history, substance abuse/use history, family of origin/significant relationships, abuse history, and personal information.¹¹ Following the assessment, the female offender and her case manager should compile a treatment plan to meet the needs identified.

A similar process should also be in place for the children. It should include standardized developmental assessments and individualized treatment plans. A team of professionals interested in the children's progress should complete these treatment plans. Such a team often includes educators, child developmental specialists, counselors/therapists, and the family's case manager.

- **Structure**—Most of the research on effective community corrections programs cites the importance of a structured program. The structure needs to be inclusive and to involve the residents in making rules and evaluating the program's effectiveness. This model helps empower women to function in structured environments in the future and provides role models for decision-making and leadership skills.
- **Community involvement**—Including the local community is as important as involving the residents. The community provides a bridge to services for the residents while they are in the program and after they graduate. Probation and parole officers are an important part of the community; ensuring a solid relationship

with them will strengthen referrals, treatment, and reunification with the community. Another important aspect of community involvement is constituency building—helping community members understand the value of the program and become committed to it.

- **Celebrations**—Positive events, accomplishments, and progress must be recognized throughout the program. Never underestimate the power of telling the residents they have done a good job. In many cases, female offenders have not been praised in the past. Verbal comments and celebrations to honor women and their children assist in changing behaviors. Tie these celebrations and verbal comments to real achievements to ensure their effectiveness.
- **Family focus**—When community programs for female offenders began to be created, the focus was often on the offender rather than her children. However, involving the children of a female offender in a residential program often helps to keep the woman in treatment. Although providing a family focus in a residential program may be a desirable goal, staffing and liability issues increase—not to mention cost. Including a female offender who is a single parent as well as all of her children is an expensive, but worthy, goal. Many programs limit the number and age ranges of children they will accept because of limited space or the design of the facility. This is often the case when existing homes are used as treatment facilities. When a program has the opportunity to design its own facility, there is more opportunity to create smaller bedrooms, allowing the mothers and children to be housed in separate rooms without substantially increasing the overall size of the facility.

The staff also must be well-trained on how to empower the female offender to be the mother of her children. Although many of the women who will be served were the primary caretakers of their children prior to their arrest, they were not active parents. Staff need to be trained to ensure that the mother, not the staff, is always the primary caretaker of her children. Parenting programs that emphasize active involvement of the participants and treatment team are very effective. Less involved parenting programs, which “teach to” the women, are not as successful.

Another issue to consider when including children is the need to create a child-friendly environment. This means not only addressing safety issues, but also providing opportunities for the children to be involved in developmentally appropriate activities and schooling (e.g., public school, YMCA/YWCA, scouting, or tutoring). Including children in the residential program has many benefits for the mother, but professionals must be vigilant to assure the children are also well served by the placement.

- **Co-dependency**—If you have worked with female offenders, you have heard many comments regarding the men in their lives. A residential program presents the opportunity to address issues such as individual responsibility and healthy relationships and to serve as role models of these relationships.
- **Advocacy**—It is important for both the staff of the residential program and the women themselves to become advocates. Advocacy is crucial because female offenders are not accustomed to advocating on their own or their children's behalf in a pro-social context. The staff must be willing to advocate and serve as role models for the women and families they serve.

- Community reunification—Even after a female offender successfully completes the residential program, your job is not over. Reintegration back into the community is not easy for many offenders released from residential programs, but it can be especially difficult for a female offender. The pressures placed on her—employment, restitution, childcare, financial independence—are often overwhelming. Many women who enter a residential program have lived with an abusive partner, have been homeless, or, in some locations, may have lost their housing as a result of the length of time they were incarcerated and in the program. Providing assistance with housing and case management after the women's graduation is crucial to the family's success.

Innovation is Crucial

Addressing the multifaceted rehabilitative needs of female offenders requires innovation. Innovation in program design and re-design, funding strategies, and staffing can ensure the success of the program. On-going evaluation and open acceptance and discussion of recommendations before they are implemented help to make a program effective. But, most of all it is important to enjoy the process of being a visionary who promotes and celebrates the inclusion of all. ■

Notes

1. Gillard & Mumola, "Prisoners in 1998," *Bureau of Justice Statistics Bulletin*. (Washington, D.C.: U.S. Department of Justice, August 1999).
2. L. Greenfeld, "Women Offenders," *Bureau of Justice Statistics Special Report*. (Washington, D.C.: U.S. Department of Justice, December 1999).
3. *ibid.*
4. *ibid.*
5. D. Johnson, "Incarcerated Parents," in K. Gabel and D. Johnson (Eds.), *Children of Incarcerated Parents* (Pasadena, California: Pacific Oaks Center for Incarcerated Parents, 1995), pp. 3-20.
6. T. Snell, "Women in Prison," *Bureau of Justice Special Report* (Washington, D.C.: U.S. Department of Justice, 1992).
7. Beck et al., "Survey of State Prison Inmates, 1991." *Bureau of Justice Statistics* (Washington, D.C.: U.S. Department of Justice, 1992), p. 10.
8. Department of Health and Human Services, "Residential Treatment Programs for Women and their Children (RWC) and Pregnant and Postpartum Women (PPW) Program", www.whitehousedrug-policy.gov/policy/grants/hhs-15.html.
9. Austin, J., et al., 1992. "Female Offenders in the Community: An Analysis of Innovative Strategies and Programs." (Washington, D.C.: National Institute of Corrections and the National Council on Crime and Delinquency).
10. Lori Bradley, "Needs Assessment and Treatment Planning," in Ruth Zaplin, *Female Offenders*, (Rockville, Maryland: Aspen Publishers, 1998) p. 266.
11. Zaplin, pp. 272-273.
12. Zaplin, p.386.

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